

**Issue Classification**

XXXXXXXXXXXX  
/(Assistant Examiner) (Date)  
*[Signature]* 1/07  
(Legal Instruments Examiner) (Date)

<input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant						<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47			
Final	Original		Final	Original		Final	Original		Final	Original			
1	1			31			61			121			181
2	2			32			62			122			182
3	3			33			63			123			183
4	4			34			64			124			184
5	5			35			65			125			185
6	6			36			66			126			186
7	7			37			67			127			187
8	8			38			68			128			188
9	9			39			69			129			189
10	10			40			70			130			190
11	11			41			71			131			191
12	12			42			72			132			192
13	13			43			73			133			193
14	14			44			74			134			194
15	15			45			75			135			195
16	16			46			76			136			196
17	17			47			77			137			197
18	18			48			78			138			198
19	19			49			79			139			199
20	20			50			80			140			200
21	21			51			81			141			201
22	22			52			82			142			202
23	23			53			83			143			203
24	24			54			84			144			204
25	25			55			85			145			205
26	26			56			86			146			206
27	27			57			87			147			207
28	28			58			88			148			208
	29			59			89			149			209
	30			60			90			150			210